

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 5570 OF 13026
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)

A. Kathy Lacy

Mailing Address 712 Mount Lebanon Rd

City

Decaturville

State

TN

Zip Code

38329-4847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Perry Community Hospital

Occupation

Nurse

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

725.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 04 | / | 2015 |

Transaction ID : C15803674A

Amount of Each Receipt this Period

15.00

* Earmarked Contribution: See Below Earmarked Through Actblue

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2442697.38

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 04 | / | 2015 |

Transaction ID : C15803674AB

Amount of Each Receipt this Period

15.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

C. Kathy Lacy

Mailing Address 712 Mount Lebanon Rd

City

Decaturville

State

TN

Zip Code

38329-4847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Perry Community Hospital

Occupation

Nurse

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

725.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : C15803675A

Amount of Each Receipt this Period

50.00

* Earmarked Contribution: See Below Earmarked Through Actblue

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►